



CITY OF SOMERVILLE, MASSACHUSETTS
HEALTH DEPARTMENT

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APPLICATION FOR PERMIT TO USE A DUMPSTER FOR TRASH DISPOSAL

APPLICATION FEE: \$25.00 (Payable by check only)

Type of Use: _____ Residential _____ Business _____ Food Service
_____ Construction

Name of property owner, occupant or agent responsible for contracting with dumpster service

Name: _____ Date: _____

Address: _____ Phone Number: _____

Property Owner: _____ Home Phone Number: _____

Owner's Address: _____ Business Phone Number: _____

Name of company supplying dumpster service: _____

Address: _____ Phone Number: _____

What size is the dumpster? _____ cubic feet.

How often is the dumpster emptied? _____ times per week.

Is this dumpster site enclosed, screened or fenced? _____

Is the dumpster located at a sufficient distance from the lot line so that it will not interfere with the safety, convenience, or health of abutters or residents? _____

